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Bib Data Sheet

CONFIRMATION NO. 2482

SERIAL NUMBER 09/898,339	FILING DATE 07/03/2001 RULE	CLASS 340	GROUP ART UNIT 2636	ATTORNEY DOCKET NO. 7000-078
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None  
HN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

No  
HN

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/22/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Allowance Hunangunen HN Examiner's Signature Initials	NC	4	23	4

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## TITLE

Location and event triggered notification services

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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